



Contents lists available at ScienceDirect

Radiography

journal homepage: www.elsevier.com/locate/radi

Dementia patient care in the diagnostic medical imaging department

R. Challen^{a, b, *}, L.-F. Low^a, M.F. McEntee^b^a Discipline of Ageing and Health, Faculty of Health Science, University of Sydney, Lidcombe, NSW, Australia^b Discipline of Medical Radiation Science, Faculty of Health Science, University of Sydney, Lidcombe, NSW, Australia

ARTICLE INFO

Article history:

Received 6 April 2018

Received in revised form

21 May 2018

Accepted 1 June 2018

Available online xxx

Keywords:

Dementia
Alzheimer's
Radiography
Patient Care
Personhood
Attitudes

ABSTRACT

Introduction: People with dementia have difficulties with memory, executive functions and behaviour which pose a challenge during diagnostic imaging. There is abundant literature on the radiographic diagnosis of dementia; however, there is little research on how to best to care for people with dementia during imaging procedures. The aim of this study is to explore the experiences of dementia care in imaging departments through the perspectives of people with dementia, carers, radiographers and student radiographers.

Methods: This was a cross-sectional qualitative study. Four people with dementia and six carers participated in individual semi-structured interviews; eight academic radiographers and 19 student radiographers participated in focus groups. Interviews and focus groups were transcribed and thematically analysed.

Results: Participants described positive and negative experiences during imaging procedures. Common themes existed among people with dementia, carers and radiographers. Findings were (1) People with dementia and carers had negative experiences such as distress and pain; radiographers experienced stigma and violence. (2) Negative experiences during imaging were associated with disrespected personhood, poor communication, insufficient knowledge of dementia, inappropriate time management, overly stimulating physical environments and exclusion of carers. (3) Departmental protocols that contributed to negative experiences included lack of preparation, lack of dementia protocols, and the use of restraints.

Conclusion: People with dementia and their carers can experience poor care in imaging departments and radiographers can find it difficult working with people with dementia. Radiographers need training about dementia, imaging services can improve their procedures and environment, and work in greater partnership with carers.

© 2018 The College of Radiographers. Published by Elsevier Ltd. All rights reserved.

Introduction

Dementia is a syndrome, broadly characterised by ongoing neurodegeneration causing cognitive decline. Its symptoms include, but are not limited to, memory loss and deterioration in executive functions such as planning and organising skills sufficient enough to disrupt daily living. People with dementia decline from having mild cognitive symptoms which interfere with more complex daily tasks (e.g. paying bills) to severe cognitive disabilities such that they can no longer self-care. Behavioural and psychological symptoms of dementia (BPSD) is an umbrella term for non-cognitive symptoms such as psychosis, depression, agitation,

aggression, apathy, wandering and inappropriate sexual behaviours¹; BPSD are often mislabelled as 'challenging behaviours' when they should be viewed as unaddressed needs.² Causes of dementia include Alzheimer's disease, Vascular Dementia, Lewy-Body Dementia, and Frontotemporal dementia, these have different profiles of cognitive impairment and behavioural changes. Dementia can also occur as a consequence of Huntington disease, Creutzfeldt-Jakob disease, Parkinson's disease, hydrocephalus, cranial haemorrhage, infarction, traumatic brain injury, generalized neuro-vascular necrosis or infection.³

The symptoms of dementia may pose a challenge for radiographers in the fast-paced environment of a diagnostic imaging department. There is abundant literature on the radiographic diagnosis of dementia through computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) imaging.⁴ The care of people with dementia in acute settings,

* Corresponding author.

E-mail addresses: rachelchallen94@gmail.com (R. Challen), Lee-fay.low@sydney.edu.au (L.-F. Low), Mark.mcentee@sydney.edu.au (M.F. McEntee).

including imaging department departments, has been largely ignored.⁵ There are few papers in the area of patient care of people with dementia in the imaging department.

Radiographers in Norway were surveyed about their attitudes towards patients with dementia and found that young male radiographers had the most negative attitudes compared to older female radiographers.⁶ Radiographer attitudes towards people with dementia were more positive immediately after educational lectures, reflective exercises and simulations but this improvement was not sustained after 12 months.⁷ Previous research has explored older patients in the imaging department setting with mixed findings on whether radiographers have positive or negative attitudes.^{7–9} These studies focus on elderly people with dementia and may not take into account older people without dementia and younger people with dementia; they explore attitudes of radiographers towards people with dementia and not how these attitudes translate into patient care. A UK study explored the practical experiences of early career diagnostic radiographers when managing patients with dementia, finding a lack of confidence and knowledge of dementia; it briefly discussed the roles of carers as being potentially positive or negative forces in the medical imaging situation.¹⁰ Our research builds upon this with a holistic approach taking several viewpoints in exploring the experiences of people with dementia in the imaging department from the perspective of people with dementia, their carers, qualified radiographers and student radiographers

Methods

Ethics approval was obtained from HREC 2016/174. Participants received a participant information sheet; written consent was obtained before interviews and focus groups. Since potentially distressing topics were being discussed participants were permitted to cease the interview or focus group at any time.

Participant inclusion criteria:

- Person with dementia who has had a radiographic scan who can consent to and participate in an interview
or
- Carer of a person with dementia who has had a radiographic scan
or
- Student radiographers who have performed a scan on a person with dementia
or
- Radiographer who has performed a scan on a person with dementia.

Participants were excluded if they were unable to give informed consent; this eliminated people with end stage dementia.

Members of the Alzheimer's Australia (now known as Dementia Australia) New South Wales Consumer Group Network were sent a study flyer by the group convenor. Student and academic radiographers were recruited at lectures and sent the study flyer in an email through the University.

Data collection

This was a cross sectional qualitative study¹¹ using interviews and focus groups to obtain data. Semi-structured interviews (see Table 1) were conducted by RC either face to face in the person's home or by telephone with people with dementia and their carer. Demographic information was collected on age, gender and cause of dementia where possible. Each interview was 30–60 min in duration.

Three 30–60-min focus groups, two with students and one with academic radiographers, were conducted at the University by LFL and RC. An open semi-structured format (see Table 1) was used; the group environment allowed common experiences to be shared and built upon. Demographic information was collected on age, gender, qualifications, radiography experience and dementia training. Interviews and focus groups were audio recorded and transcribed verbatim; data collection ceased when new themes ceased emerging (see below).

Qualitative analyses

Data was analysed using NVivo 11 software. The transcripts were subjected to inductive thematic analysis.¹² First, three researchers independently read short segments of transcriptions to develop preliminary codes. RC then examined the coded data and identified broader patterns, which were refined into themes. RC discussed themes and definitions regularly with other team members; this increased validity.¹³

Although inherent researcher bias may be observed in qualitative studies¹⁴ reflexivity was employed to recognise this input into data interpretation¹⁵ with some qualitative studies advocating this approach.¹⁶ The process of analyst triangulation¹⁷ using three researchers allowed cross-checking of data and interpretations.

Participants

Thirty-seven people were recruited for this study - four people with early to mid stage dementia, six carers, 19 radiography students and eight radiography academics (see Table 2). Two of the people with dementia had younger onset dementia (i.e. symptom onset before the age of 65 years) and two had late onset; causes of dementia included Alzheimer's and Lewy-Body Dementia. Carers

Table 1
Interview and focus group questions.

People with dementia and carers	Radiographers and students
1. What was your experience having a scan in the radiography department?	1. What do you think dementia is?
2. Did the radiographers take dementia into account when taking the scan?	2. Does someone want to share an experience they have had scanning a person with dementia?
3. What things worked really well?	3. What did you learn from this experience?
4. What would you like to happen differently next time you have a scan?	4. If you were aware your next patient had dementia, how would approach that encounter?
5. What do you think radiographers should know about dementia?	5. What do you think about the role of the carer in these situations?
	6. What protocols or guidelines have you come across in practice?
	7. How do you think curricula and training in radiography could be improved to benefit people with dementia?

Download English Version:

<https://daneshyari.com/en/article/8956795>

Download Persian Version:

<https://daneshyari.com/article/8956795>

[Daneshyari.com](https://daneshyari.com)